Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
	STATE PLAN UNI	DER TITLE XIX OF T	THE SOCIAL SECURITY ACT
	State/Territory	HAWAII	
	Optional Qualifie	Sliding Scale Pred Disabled and Wo	emiums Imposed on rking Individuals
gualif	llowing method i ied disabled and)(10)(E)(ii) of	working individu	ne the monthly premium imposed o als covered under section
N/A	Δ.		
			· ·
for pr	emium pavment, n	otification of the	d is as follows (include due dat e consequences of nonpayment, an ver of premium payment):
N/.	_	<u>.</u>	
147.	A		
*Descripti	on provided on a	ttachment.	
TN No. 91- Supersedes	-25	ate <u>12/31/91</u>	Effective Date 10/01/91
SUDETSEGES	ADDroval D	ale 14/31/31	ELICULIVE Date 10/01/01

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						K OF THE	SOCIAL	SECURITY	ACT		
		State/Te	erritory	: HAW	All					-	
c.	State	or local	funds u	nder ot	her p	rograms	are us	ed to pay	for p	remiums:	
		Yes		Z	<u>x7</u>	No					
D.	a prem	riteria u nium beca bed belo	use it w	determi ould ca	ning use a	whether n undue	the age	ency will ip on an	waive individ	payment of dual are	
	N,	/A									
						·.					
					. *						
*De	scripti	on provi	ded on a	ttachme	nt.						
TN Sup TN	ersedes	25 A p	proval D	ate <u>12</u>	/31/9	1	Effect	ive Date	10/0)1/91	
114							HCEA T	n. 7996	,		

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